2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004307

FILED Jan 07, 2009 Secretary of State

Entity Name: COVENANT CHRISTIAN CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 15511 US HWY 41 SPRING HILL, FL 34610 **Current Mailing Address: New Mailing Address:** P.O. BOX 1314 15511 US HWY 41 LAND O'LAKES, FL 34639 SPRING HILL, FL 34610 FEI Number: 59-3686733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, DAVID J ESQ. 14217 THIRD STREET DADE CITY, FL 33523 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BAMBERG, BILLY Name: Name: 21818 WAVERLY SHORES DR. Address: Address: City-St-Zip: LAND O' LAKES, FL 34637 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: WILLIAMSS, VIRGIL Name: WILLIAMS, VIRGIL Address: P.O. BOX 1475 Address: P.O. BOX 1475 LAND O LAKES, FL 34639 City-St-Zip: City-St-Zip: LAND O LAKES, FL 34639 Title: () Delete Title: () Change () Addition HIGGINS, KENNETH J Name: Name: 310 WEST FORT DADE AVE. Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: () Delete Title: Title: () Change () Addition LEE, FRED M Name: Name: Address: P.O. BOX 14 Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: () Delete Title: (X) Change () Addition HENNESSEY, MICHAEL HENNESSEY, MICHAEL Name: Name: P.O. BOX 7322 P.O. BOX 7322 Address: Address: WEASLEY CHAPEL, FL 33545 City-St-Zip: City-St-Zip: WESLEY CHAPEL, FL 33545 Title: () Delete Title: () Change (X) Addition HECKLE, GILBERT Name: Name: Address: Address: 8122 DINSMORE STREET BROOKSVILLE, FL 34613 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY L. LEE D 01/07/2009